POSITION	IN!TIALS	ID NO.	DATE	 -
FEE DETERMINATION O.I.P.E. CLASSIFIER	2.2	24	07-17-01	
FORMALITY REVIEW RESPONSE FORMALITY REVIEW		766	68 97 01	· 
	INDEX OF	CLAIMS		-
✓	Allowed Canceled			
Claim Date	Claim	Date	Claim Date	
Final Original 3/20/6/3 / 1/20/6/3 / 1/20/6/3 / 2/20/6/2 / 2/20/2 / 2/20/6/2 / 2/20/6/2 / 2/20/6/2 / 2/20/6/2 / 2/20/6/2 / 2/20/2 / 2/20/6/2 / 2/20/6/2 / 2/20/2 / 2	Final		Final	
	51 52		101	
4 / / /	53 54 55		104	
6 7 7	56 57		106	
9 / / /	58 59 60		109	
11 / /	61 62		111 112 113	
13 7 7 14 7 7 7 15 15 15	63 64 65		114	
16	66 67 68		116 117 118	
18 19 20	69		119	
21 22	71 72		121	
23 24 25	73 74 75 75 75 75 75 75 75 75 75 75 75 75 75		123 124 125	
26	76		126 127 128	
28 29 30	78 79 80	++++++	128 129 130	
31 32	81 82		131	
33	83		133	

If more than 150 claims or 10 actions staple additional sheet here

150